Original - Court 2nd copy - Defendant 1st copy - Plaintiff 3rd copy - Friend of the Court

Approved, SCAO

STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY

## UNIFORM CHILD SUPPORT ORDER, NO FRIEND OF COURT SERVICES (PAGE 1) MODIFICATION

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COUNTY	☐ MO	DIFICATI	ON `		
Court address				FAX no.	Court telephone no.
Plaintiff's name, address, and telephone no.			Defendant's name,	address, and telepho	one no.
		v			
Plaintiff's attorney name, address, telephone no	., and bar no.		Defendant's atttorn	ey name, address, te	lephone no., and bar no.
Plaintiff's source of income name, address, and	telephone no.		Defendant's source	of income name, add	dress, and telephone no.
<ol> <li>UNLESS OTHERWISE ORDERED in</li> <li>This order continues until each child but no longer than age 19 1/2. Child</li> <li>Child Support. The payer has a new continues.</li> </ol>	is age 18 or graduate care for each child t	es from hig terminates	h school, as pro effective Septe		2.605b, whichever is later,
Payer:	Payee:			Support et	
Children's names and birth dates:				T Critic care	en. date.
Children supported: 1 child Base support: \$ Ordinary medical: \$ Child care: \$ Other: \$ Total: \$ Base support shall abate 50% afte Base support includes a net health	care premium adju	\$ \$ \$ \$ rnights wit	h the payer. \$		5 or more children  \$ \$ \$ \$ \$ \$ \$ anot subject to abatement.
☐ Support was set based on the share The above ordered support provisions				overnights of pa w the child suppo	arenting time for the payer. rt formula.
3. Insurance. For the benefit of the character through an insurer [as defined in MCL 5] when that coverage is available through up to a maximum of \$ not to exceed 5% of the plaintiff's	52.602(o)] that include ugh an employer or for plaintiff.	under an	existing individu	ental, optical, and	ollowing reasonable cost:
4. Uninsured Medical Expenses. All% by the plaintiff and year they are incurred that are not pa court. The ordinary medical amount	% by the defendant. aid within 28 days of	Uninsure a written p	d expenses exc	ceeding the ordina	ary medical amount for the

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Approved, SCAO 1st copy - Plaintiff 3rd copy - Friend of the Court

STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	UNIFORM CHILD SUPPORT ORDER NO FRIEND OF COURT SERVICES (PAGE 2)  MODIFICATION		CASE NO.	
Court address		İ	FAX no.	Court telephone no.
Plaintiff's name	v	Defendant's name		

- 5. Qualified Medical Support Order. This order is a qualified medical support order under 29 USC 1169.
- 6. **Retroactive Modification and Liens for Unpaid Support.** Support is a judgment the date it is due and is not modifiable retroactively. Unpaid support is a lien by operation of law and the payer's property can be encumbered or seized if an arrearage accrues for more than the periodic support payments payable for two months under the payer's support order.
- 7. Change of Address, Employment Status, Health Insurance. Both parties shall notify each other in writing, within 21 days of any change in: a) their mailing or residence address and telephone number; b) the name, address, and telephone number of their sources of income; c) their health maintenance or insurance company, insurance coverage, persons insured, or contract number; d) their occupational or driver licenses; and e) their social security number unless exempt by law under MCL 552.603.
- 8. **Prior Orders.** Except as changed in this order, prior provisions remain in effect. Support payable under any prior order is preserved.
- 9. Other: (attach separate sheets as needed)

IT IS SO ORDERED.			
Plaintiff (if consent/stipulation)	Date	Defendant (if consent/stipulation)	Date
Date		Judge	Bar no.
	CERTIFICA	ATE OF MAILING	
I certify that on this date I served a copy of this known addresses as defined in MCR 3.203.	order on the	parties and their attorneys by first class mail	addressed to their last